



**JOHN CHIANG**  
**California State Controller**

Division of Accounting and Reporting  
July 5, 2013

**To:** County Auditor-Controller  
City Finance Director

The forms for **Local Health and Welfare Trust Fund's 2012-13 fourth quarter reports** are enclosed. These reports are to be completed and returned to our office by August 5, 2013.

Welfare and Institutions Code section 17609.05 requires reports to be filed with the Controller for verification of trust fund deposits and expenditures. Failure to file these reports by the date stated above could result in the withholding of your future allocations.

County matching general purpose revenues are required to be deposited monthly pursuant to Welfare and Institutions Code sections 17608.05, 17608.10, and 17608.15. In compliance with these statutes, if deposits are determined to be insufficient, the county will be notified. If required, future allocations will be withheld until proof of the appropriate deposit is received.

For your assistance, instructions are provided for each of the reports. Please include all deposits and disbursements made from the health and welfare trust fund accounts for the 2012-13 fourth quarter. Please send the completed reports to:

State Controller's Office  
Division of Accounting and Reporting  
Local Apportionments Section  
Attn: John Bodolay  
P. O. Box 942850  
Sacramento, CA 94250

Thank you for your cooperation. Forms are now located on our website at [http://www.sco.ca.gov/ard\\_payments\\_realign.html](http://www.sco.ca.gov/ard_payments_realign.html). If you have any questions concerning these forms or instructions, please call John Bodolay of the Local Apportionments Section at (916) 323-2154.

Sincerely,

KELLY MARTELL, Manager  
Local Apportionments Section

MAILING ADDRESS P.O. Box 942850, Sacramento, CA 94250  
STREET ADDRESS 3301 C Street, Suite 740, Sacramento, CA 95816  
PHONE (916) 445-8717, FAX (916) 323-4807

# MENTAL HEALTH TRUST FUND INSTRUCTIONS

## Instructions for the 2012-13 Fourth Quarter Report.

- ◆ Reports must be returned by **August 05, 2013**, to the State Controller's Office, Division of Accounting and Reporting, Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- ◆ Reports are to be signed by the Director of Mental Health and the County/City Auditor-Controller.
- ◆ Report 2012-13 fourth quarter deposits made April through June 2013.
- ◆ Refer to the remittance advice received with your payments and reconcile with the payment amounts available on the State Controller's Office Website, [WWW.SCO.CA.GOV](http://WWW.SCO.CA.GOV). Call John Bodolay @ 916-323-2154 for help.
- ◆ **Do not enter amounts in gray areas.**

### Deposits

1. Sales Tax
  - a. Allocation  
W & I Code Sec. 17601  
In the columns titled "April", "May", and "June", enter the total amounts deposited April 26, May 24, and June 27, 2013, respectively.
  - b. Less: State Hospital Offset  
W & I Code Sec. 17601  
In the columns titled "April", "May", and "June", enter the State Hospital Service contract offset amounts from April through June 2013, respectively.
  - c. Less: Managed Care Offset  
In the columns titled "April", "May", and "June", enter the Managed Care Program offset amounts from April through June 2013, respectively.
  - d. Less: State Hospital Excess Use  
In the columns titled "April", "May", and "June", enter the State Hospital Excess Use amount from April through June 2013, respectively.
  - e. Total Sales Tax Revenue  
Enter the total of lines 1a, less 1b, less 1c, and less 1d.
2. County/City Matching Funds
  - a. Mental Health Match  
W & I Code Sec. 17608.05  
In the columns titled "April", "May", and "June", enter the amount of local matching funds deposited from April through June 2013, respectively, in accordance with the schedule developed by the State Department of Mental Health.
  - b. Total Matching Funds  
Enter the total of lines 2a.
3. Other (identify)  
Enter and identify all miscellaneous deposits.
4. Total Funds Deposited  
Enter the total of lines 1e, 2b, and 3.

### Disbursements

5. Transfers to Operating Funds  
Enter the total amounts transferred to other funds for spending purposes.
6. Other (identify)  
Enter and identify any other disbursements made during the second quarter.
7. Total Funds Disbursed  
Enter the total of lines 5 and 6.

### Transfers

8. Transfers In (Out) to Other Trust Funds  
W & I Code Sec. 17600.20  
Enter the transfers In (Out) between trust fund accounts.

For the County/City of \_\_\_\_\_

Questions concerning the preparation of this report should be directed to \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

As Mental Health Director for the County/City of \_\_\_\_\_, I certify that the amounts stated on this report are true, accurate, and complete.

\_\_\_\_\_  
Mental Health Director

(\_\_\_\_\_)\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Date

As Auditor-Controller for the County/City of \_\_\_\_\_, I concur with the Mental Health Director that the amounts stated on this report are true, accurate, and complete.

\_\_\_\_\_  
Auditor-Controller

( ) \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Date

# HEALTH TRUST FUND INSTRUCTIONS

## Instructions for the 2012-13 Fourth Quarter Report.

- ◆ Reports must be returned by **August 05, 2013**, to the State Controller's Office, Division of Accounting and Reporting, Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- ◆ Reports are to be signed by the Director of Health and the County/City Auditor-Controller.
- ◆ Report 2012-13 fourth quarter deposits made April through June 2013.
- ◆ Refer to the remittance advice received with your payments and reconcile with the payment amounts available on the State Controller's Office Website, [WWW.SCO.CA.GOV](http://WWW.SCO.CA.GOV). Call John Bodolay @ 916-323-2154 for help.
- ◆ **Do not enter amounts in gray areas.**

### Deposits

1. Sales Tax
  - a. Allocation  
W & I Code Sec. 17603  
In the columns titled "April", "May", and "June", enter the total amounts deposited April 26, May 24, and June 27, 2013, respectively.
  - b. Less: CMSP Offset  
W & I Code Sec. 17603.05  
In the column titled "June", enter the amount of the County Medical Services Program offset from June 2013.  
Note: Counties making direct payments should enter -0- and refer to line 6.
  - c. Total Sales Tax Revenue  
Enter the total of lines 1a, less 1b.
2. County/City Matching Funds
  - a. Health Match  
W & I Code Sec. 17608.10(a)  
In the columns titled "April", "May", and "June", enter the amount of local matching funds deposited from April through June 2013, respectively, in accordance with the schedule shown in W & I Code Section 17608.10.
  - b. Vehicle License Fee  
W & I Code Sec. 17608.10(b)
    - i. Allocation  
W & I Code Sec. 17604  
In the columns titled "April", "May", and "June", enter the amount of county/city matching funds deposited April 26, May 24, and June 27, 2013, respectively, as Vehicle License Fees.
    - ii. Less: CMSP Offset  
W & I Code Sec. 17604.05  
In the columns titled "April", "May", and "June", enter the amount of the County Medical Services Program offset from April through June 2013, respectively.  
Note: Counties making direct payments should enter -0- and refer to line 6.
  - c. Total Matching Funds  
Enter the total of line 2a, 2b(i), less 2b(ii).
3. Other (identify)  
Enter and identify all miscellaneous deposits.
4. Total Funds Deposited  
Enter the total of lines 1c, 2c, and 3.

### Disbursements

5. Transfers to Operating Funds  
Enter the total amounts transferred to other funds for spending purposes.
6. CMSP Payments  
Enter the amounts from counties/cities making direct CMSP payments to the Department of Health Services.
7. Other (identify)  
Enter and identify any other disbursements made during the second quarter.
8. Total Funds Disbursed  
Enter the total of lines 5, 6, and 7.

### Transfers

9. Transfers In (Out) to Other Trust Funds, W & I Code Sec. 17600.20  
Enter the transfers In (Out) between trust fund accounts.

For the County/City of \_\_\_\_\_

Questions concerning the preparation of this report should be directed to \_\_\_\_\_

Certification:

\_\_\_\_\_  
Health Director

( ) \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Auditor-Controller

( ) \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Date

# SOCIAL SERVICES TRUST FUND INSTRUCTIONS

## Instructions for the 2012-13 Fourth Quarter Report.

- ◆ Reports must be returned by **August 05, 2013**, to the State Controller's Office, Division of Accounting and Reporting, Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- ◆ Reports are to be signed by the Director of Social Services and the County/City Auditor-Controller.
- ◆ Report 2012-13 fourth quarter deposits made April through June 2013.
- ◆ Refer to the remittance advice received with your payments and reconcile with the payment amounts available on the State Controller's Office Website, [WWW.SCO.CA.GOV](http://WWW.SCO.CA.GOV). Call John Bodolay @ 916-323-2154 for help.
- ◆ **Do not enter amounts in gray areas.**

### Deposits

- |   |  |
|---|--|
| 1. Sales Tax  |  |
| a. Allocation<br>W & I Code Sec. 17602                          | In the columns titled "April", "May", and "June", enter the total amounts deposited April 26, May 24, and June 27, 2013, respectively. |
| b. Total Sales Tax Revenue                                      | Enter the total of lines 1a.   |
| 2. Vehicle License Fees   |  |
| a. Vehicle License Fees<br>Annual Base<br>W & I Code Sec. 17604 | In the columns titled "April", "May", and "June", enter the total amounts deposited April 26, May 24, and June 27, 2013, respectively. |
| 3. CalWORKs Maintenance of Effort                               |  |
| a. Allocation<br>W & I Code Sec.<br>17601.20(a)                 | In the columns titled "April", "May", and "June", enter the total amounts deposited April 26, May 24, and June 27, 2013, respectively. |
| 4. Other (identify)   | Enter and identify all miscellaneous deposits.   |
| 5. Total Funds Deposited  | Enter the total of lines 1c, 2a, 3a and 4.   |

### Disbursements

- |                                 |  |
|---------------------------------|--|
| 6. Transfers to Operating Funds | Enter the total amounts transferred to other funds for spending purposes.  |
| 7. Other (identify)             | Enter and identify any other disbursements made during the second quarter. |
| 8. Total Funds Disbursed        | Enter the total of lines 6 and 7.  |

### Transfers

- |  |   |
|--|---|
| 9. Transfers In (Out) to Other Trust Funds<br>W & I Code Sec. 17600.20 | Enter the Transfers In (Out) between trust fund accounts. |
|--|---|

For the County of \_\_\_\_\_

Questions concerning the preparation of this report should be directed to \_\_\_\_\_

\_\_\_\_\_  
Auditor-Controller

( ) \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Date